

Kentucky Board of Medical Licensure
Hurstbourne Office Park
310 Whittington Parkway, Suite 1B
Louisville, KY 40222
(502) 429-7150, Ext. 222

RESIDENCY ROTATION EXEMPTION

I hereby request an exemption of Medical Licensure in the state of Kentucky. I will be completing a residency rotation at _____ located at
(name of Hospital in Kentucky)

_____. This rotation will be for the period
(Hospital address) City, St, Zipcode

_____ through _____, **not to exceed 60 days.**

I am currently in an accredited residency program at _____

and currently hold a medical/osteopathic license in good standing in the state of

_____. My license Number is _____.

(Signature of Applicant) (Date) (Print Name)

(Address of Applicant) City, St, Zipcode

(Signature of current Program Director) (Date) (Print Name)

Name and Address of current Program:

(Telephone and e-mail of Program Director)

Attach a copy of your current medical license along with this completed form and return to the Board at the above listed address.